

PAYEE DATA RECORD

(Required in lieu of IRS W-9 when doing business with the State of California)

STD. 204 (REV. 2-2000)

NOTE: Governmental entities, federal, state, and local (including school districts) are not required to submit this form.**SECTION 1** must be completed by the requesting state agency before forwarding to the payee**1**

DEPARTMENT/OFFICE

STREET ADDRESS

PLEASE
RETURN
TO:

PURPOSE: Information contained in this form will be used by state agencies to prepare Information Returns (Form 1099) and for withholding on payments to nonresident payees. Prompt return of this fully completed form will prevent delays when processing payments.

*(See Privacy Statement on reverse)***2**

PAYEE'S BUSINESS NAME

Elmco & Associates, Inc.P.O. Box 3787

MAILING ADDRESS (Number and Street or P. O. Box Number)

City of Industry, CA 91744

(City, State and Zip Code)

3VENDOR
ENTITY
INFORMATION

CHECK ONE BOX ONLY

☐ LEGAL CORPORATION☐ PARTNERSHIP☐ MEDICAL CORPORATION☐ ESTATE OR TRUST☒ EXEMPT CORPORATION☐ ALL OTHER CORPORATIONS

FEDERAL EMPLOYERS IDENTIFICATION NUMBER (FEIN)

95-4727663

NOTE: State and local governmental entities, including school districts are not required to submit this form.

NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.

☐ INDIVIDUAL OR SOLE PROPRIETOR

SOCIAL SECURITY NUMBER OF OWNER

OWNER'S FULL NAME (Print)

4PAYEE
RESIDENCY
STATUS

CHECK APPROPRIATE BOX(ES)

☒ California Resident - Qualified to do business in CA or a permanent place of business in CA☐ Nonresident (See Reverse) Payments to nonresidents for services may be subject to state withholding☐ WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED☐ SERVICES PERFORMED OUTSIDE OF CALIFORNIA/ GOODS ONLY SOLD TO CALIFORNIA**NOTE:**

a. An estate is a resident if decedent was a California resident at time of death.
b. A trust is a resident if at least one trustee is a California resident.
(See reverse)

5CERTIFYING
SIGNATURE

I hereby certify under penalty of perjury that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you.

AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)

Kirk Kleinen

TITLE

Vice President

SIGNATURE



DATE

06-10-02

TELEPHONE NUMBER

916-383-0110